THE RELATIONSHIP OF EDUCATION LEVEL AND SOURCES OF INFORMATION WITH FAMILY KNOWLEDGE ABOUT THE RISK OF DEMENTIA IN THE ELDERLY IN PADURENAN

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ABSTRACT

Background: The increasing elderly population can cause various changes that have an impact on health problems, one of which is the decline in cognitive function, namely the occurrence of dementia. Family knowledge about dementia shows that the term dementia is still foreign to hear. A person's knowledge is influenced by the information he gets. From the lack of information obtained, the family does not have adequate knowledge about dementia. One of the knowledge possessed by someone comes from education.
Purpose: This study was to determine the relationship between the level of education and sources of information with family knowledge about the risk of dementia in the elderly in the Padurenan Village, Bekasi. This research has received a letter of ethics no. EC.052/KEPK/stkbs/IV/2022.
Method:. by using a probability sampling technique totaling 107 respondents, a cross sectional approach with predetermined inclusion and exclusion criteria. Results: there was no relationship between education level and knowledge level with p value > 0.005 (p: 0.131) and there was no relationship between information sources and knowledge level with p value > 0.005 (p: 0.370).
Conclusion: Someone with a low level of education does not mean absolutely low knowledge and someone with a high level of education does not mean absolutely good knowledge. Media that is right on target will facilitate the achievement of goals. The success of an activity using the media can be measured by assessing the level of effectiveness of the media used by the community.

Key words: Dementia, family, education

INTRODUCTION

Elderly is someone who has entered the age of 60 years and over who experiences anatomical, physiological, and biochemical changes in the body that affect the function and ability of the body as a whole (Setiyorini et al., 2018). Elderly is an age group in humans who have the final stages of life. This group which is categorized as the elderly will experience a process called the aging process (WHO, 2015).

Indonesia is said to be entering a period of aging population, where there is an increase in life expectancy followed by an increase in the number of elderly people. In Indonesia, there is an increase in the number of elderly people from 18 million people (7.56%) in 2010, to 25.9 million people (9.7%) in 2019, and it can be expected to continue to increase where in 2035 it will be 48, 2 million people (15.77%). An increase in the number of elderly people in the future can have a positive or negative impact. It will have a positive impact if the elderly population is in a healthy, active and productive state. On the other hand, it will be a negative impact if there is an increase in the elderly population who has health problems because it will become a burden (Kemenkes RI, 2017).

This increasing elderly population causes various changes that have an impact on health problems, one of which is cognitive function, namely the occurrence of dementia (Tamher, 2019). This decline in cognitive function causes the elderly to need the help of others in their activities. So in this case the family has a very important role in the care of elderly people with dementia who live at home. Dementia in the elderly is a condition of general and progressive cognitive impairment related to the physical health of the elderly. The task of family health as a support system is very important for people

with dementia to be able to carry out daily activities (Nugroho, 2011). Dementia is one of the mental emotional disorders that often occur in the elderly in addition to depression and anxiety (WHO, 2013). It is also stated that dementia is a collection of symptoms as a manifestation of structural brain damage. The collection of symptoms includes loss or decline in intellectual function (including the functions of thinking, orientation, understanding, arithmetic, learning capacity, language and judgment) and memory that is so severe that it causes daily dysfunction. Structural brain damage can be acute or chronic, but is more often chronic and the most common form of dementia is Alzheimer's disease, accounting for about 60-70% of cases (WHO, 2012).

Overall, 78.7% of dementia patients have Alzheimer's, and 43.9% require long-term care (Igarashi et al., 2020). Families who care for people with dementia will experience an increased burden. Health policies related to dementia need to be considered not only for patients, but also for families of people with dementia to improve their quality of life (Igarashi et al., 2020). To optimize family involvement, it is important to adopt a family-centered approach and provide training and mentoring. Making a comprehensive personal plan with family caregivers and offering them guidance can help them cope with their uncertainty and remove barriers to more involvement with care programs aimed at improving the quality of life of their relatives. Also recommended is training for staff to improve communication with family caregivers (Tasseron-Dries et al., 2021). So we need supporting factors that influence family knowledge of dementia. The first is in the form of strategic research that will build knowledge and understanding of family members about the previous course of the disease to and after admission to long-term care; and secondly in the form of practice development for elderly care staff to promote open, collaborative, and sustainable dialogue about dementia (Andrews et al., 2017). So that a good coping mechanism is needed, the coping mechanisms carried out by the family while caring for the elderly with dementia can be in the form of; 1. Treatment efforts are made to heal the couple.2. Activities undertaken to avoid boredom. 3. Resources owned by the family (Pradana et al., 2021).

From the results of research on family knowledge about dementia, it shows that the term dementia is still unfamiliar to the participants, all participants say that dementia is better known as senile dementia or the Dayak language "Ngalilu" which is a disease that is easy to forget. The term is less popular even though the disease is experienced by the elderly. A person's knowledge is influenced by the information he gets, this condition is experienced because of the lack of information obtained, the family does not have adequate knowledge about dementia (Missesa, 2017). Education will affect family readiness. One of the knowledge possessed by someone comes from education. It was stated that the aspect of knowledge is a very important domain for the formation of a person's behavior where the higher a person's level of knowledge will be able to influence the mindset and attitude towards something this will affect behavior change. The behavior and emotional conditions of individuals with the elderly are often a form of communication about their unmet needs because of their reduced communication skills(Sembiring & EA, 2019). When the family can maintain a calm attitude, the family can encourage calm in the elderly and try to validate the feelings or intentions that the elderly want to convey. When an elderly person makes a mistake, the thing for the family to do is to remain calm, not to blame, and not to argue about what is right or wrong (Berryhill & Jones, 2012). Higher levels of education in early life are associated with significant reductions in both prevalence and incidence of dementia (Meng & D'arcy, 2012).

Based on the above background, the authors are interested in taking the title "Factors that Influence Family Knowledge of the Risk of Elderly Dementia in Pedurenan Village in 2022". From this description, the researcher has a general goal, namely to find out the factors that influence family knowledge about the risk of dementia in the elderly in Padurenan Village. Padurenan, 3) Analyzing the relationship between sources of information obtained by the family and family knowledge about the risk of dementia in the elderly in Padurenan Village, 4) Analyzing the relationship between family education level and family knowledge about the risk of dementia in the elderly in Padurenan Village.

METHOD

The research design used in this research is quantitative with a cross sectional approach. A quantitative approach is an approach taken if the data collected is in the form of quantitative data or other types of data that can be quantified and processed using statistical techniques (Muri, 2014). In this study to calculate the number of samples using the Slovin formula. by using simple random sampling technique. The sample in this study was 107 respondents. The sampling technique uses probability sampling or random sampling. This research was conducted in the Padurenan Village, Bekasi.

The data collection technique used to collect data is by using a questionnaire sheet about the assessment of family knowledge factors about the risk of dementia in the elderly, which was collected by interview method. The data obtained will be analyzed using the SPSS (Statistical Package Social Science) program. By analyzing the univariate variables of each independent variable and dependent variable. As well as analyzing bivariate variables using the chi square *test*.

RESULTS
Based on the research, the following results were obtained:
A. Interpretation of Univariate Analysis Results:

Table 5.1
Characteristics of respondents

Characteristics	Category	Total	Percentage
Age	26-35	46	43.0
	36-45	54	50.5
	46-55	7	6.5
Total		107	100
Work	Working	54	50,5
	Doesn't work	53	49,5
Total		107	100
Experience	Have ever cared for the elderly with dementia (senile)	28	26.2
	Never take care elderly dementia (senile)	79	73.8
Total		107	100
Level education	Higher education	28	26.2
	Low education	79	73.8
Total		107	100
Resources	Conventional media	57	53.3
	Social media	50	46.7
Total		107	100
Knowledge level	High knowledge	60	56.1
	Low knowledge	47	43.9
Total		107	100

Table 5.1 shows that most of the respondents in the age group are in the age range of 36-45 years with a total of 54 respondents (50%). In working families, there are 54 respondents (50.5%). In families who never cared for the elderly with dementia as many as 79 respondents (73.8%). In families with low levels of education as many as 79 respondents (73.8%). In the families who obtain sources of information from conventional media amounted to 57 respondents (53.3%). And in families with high knowledge as many as 60 respondents (56.1%).

B. Interpretation of research results Bivariate analysis
   1. The relationship between education level and family knowledge about the risk of dementia in the elderly can be seen in the following table:

Table 5.2

The relationship between education level and knowledge about the risk of dementia in the community in the work area of Padurenan Village, Bekasi City in 2022 (n = 107).

Level education	Family knowledge about the risk of dementia in the elderly				Total		OR (95% CI	P value
	High knowledge		Low knowledge					
	n	%	n	%	n	%	2,257	0,131
High	23	82,1	5	17,9	28	100	(0,770-	
Low	53	67,1	26	32,9	79	100	6,612	
Total	76	71,0	31	29,0	107	100	),	

Based on table 5.2 above, it can be seen that the level of knowledge of respondents at the higher education level at most had a high level of knowledge as many as 23 respondents (82.1%) while those with low knowledge were 5 respondents (17.9%) and in the low education group the most many have a high level of knowledge there are 53 respondents (67.1%) and those who have low education are 26 respondents (32.9%).

From the results of the chi square statistical test, it was found that the p value was 0.131 (p>0.05), this indicates that there is no relationship between the level of education and the level of knowledge about the risk of dementia in the community in the work area of Padurenan Bekasi Village in 2022. Based on the results of the odd ratio obtained a value of 2,257 (95% CI 0.770-6.612), it can be concluded that respondents with a low level of family education have a chance of 2,257 times having low knowledge compared to respondents with a high level of education.

   2. The relationship between sources of information and family knowledge about the risk of dementia in the elderly can be seen in the following table:

Table 5.3 :

The relationship of information sources with knowledge about the risk of dementia in the community in the work area of Padurenan Village, Bekasi City in 2022 (n = 107).

Resources	Family knowledge about the risk of dementia in the elderly			Total	OR (95% CI)	P value
	High knowledge		Low knowledge			

	n	%	n	%	n	%	1,467	0,370
Media konvensional	44	74,6	15	25,4	59	100	(0,634-3.393)	
Media sosial	32	66,7	16	33,3	48	100		
Jumlah	36	71,0	31	29,0	107	100		

Based on table 5.3 above, it can be seen that the most conventional media have a high level of knowledge, 44 respondents (74.6%) while 15 respondents have low knowledge (25.4%). And respondents' sources of information originating from social media mostly have a low level of knowledge of 32 respondents (66.7%), while high knowledge are 16 respondents (33.3%).

From the results of the chi square statistical test, the p value is 0.370 (p>0.05), this indicates that there is no relationship between the source of information and the level of knowledge about the risk of dementia in the community in the work area of Padurenan Bekasi Village in 2022. Based on the results of the odd ratio obtained a value of 1.467 (95% CI 0.634-3.393), it can be concluded that respondents who get information sources from conventional media have 1,467 times the chance to have high knowledge compared to respondents who get information sources from social media.

DISCUSSION

A. Univariate Analysis

1. Overview of Respondents' Characteristics Based on Education Level

Education is an attempt to develop one's personality and abilities in order to understand something. Education affects the learning process, the higher a person's education, the easier it will be for that person to receive information. Knowledge is very closely related to education where it is hoped that someone with higher education will have more extensive knowledge (Mubarak, 2011). The frequency distribution of respondents based on education level shows that most families with low education levels are 79 respondents (73.8%). In families that have a higher education level as many as 28 respondents (26.2%), the results of this study indicate that most of the respondents are in families with low education levels.

According to the researchers, respondents in this study were more likely to be in families with low levels of education, possibly influenced by many things, including the following: low income of the population, as a result, parents are unable to send their children to higher education levels, lack of awareness of the population regarding the importance of education, educational facilities and infrastructure are still inadequate, the number of educational facilities is not balanced with the population of school age (Umang et al., 2018). Based on the results of the analysis, the education participation rate in Bekasi City is relatively low. The world of education in Bekasi City, West Java, is considered to have to be improved given the low education participation. Not a few people complete education only at the junior high school level. The level of education awareness in Bekasi City is still in the stage of development towards a better direction, compared to the past, now there has been a lot of progress, awareness has begun to grow, and has increased even though it must continue to be encouraged but has not yet reached university (Mayolus Fajar D, 2016). Education can affect a person's perspective on the new information he receives. So it can be said that the higher the level of education, the easier it is for someone to receive the information he gets (Taufik, 2019).

2. Characteristics of Respondents Based on Information Sources

Someone who has more sources of information will have broader knowledge. In general, the easier it is to obtain information, the faster one acquires new knowledge (Mubarak, 2011). The frequency distribution of respondents based on education level shows that most families get information from conventional media as many as 57 respondents (53.3%). In families who received information from social media as many as 50 respondents (46.7%), the results of this study showed that most of the respondents were families who received information from conventional media.

According to the researcher, respondents in this study were more likely to have families receiving information from conventional media and some sources of information from social media, possibly because conventional media routinely cite blogs as sources, and vice versa. Blogs mostly rely on conventional media to obtain information. Now the existence of conventional media and social media influence each other, even benefit each other (Metei, 2011). Supported by the results of Yeni's research (2015), it is known that the source of information comes from conventional media (41.2%), but other sources (28.9%).

Conventional media provides learning regardless of age, as long as the individual can access and read the news. A data from Mark Plus Insight, an organization engaged in research on internet technology says that in 2011, the number of internet users in Indonesia reached 55 million users (Triwijanarko et al., 2013). Information originating from social media is highly inaccurate. Social

media users very easily edit and forward the news according to its purpose. Therefore, you should not fully trust the information obtained from social media. Social media users must confirm the news that has been accessed from the social media with trusted media (Juditha, 2019).

In social life, information is something that is very important for individuals in today's modern era. In fact, information has become a basic need that must be met. The role of information and communication technology in everyday life cannot be separated, the ease of use is very helpful (Pexels et al., 2021). The information obtained can come from conventional media and social media. Conventional communication media are communication media that have been discovered before new media. Conventional media are commonly used to send or receive messages and information to the wider community. Therefore, conventional media is often also referred to as mass communication media. Mass communication media or mass media are media that are capable of disseminating messages or information to the public or audience (mass) simultaneously with a relatively wide reach and in a relatively short time. (Pexel et al., 2021). Meanwhile, social media can be understood as a digital platform that provides facilities to carry out social activities for each user. Some activities that can be done on social media, for example, are communicating or interacting to providing information or content in the form of writing, photos and videos. Various information in the shared content can be open to all users for a full 24 hours(Blog, 2021).

3. Characteristics of Respondents Based on Knowledge Levels About Dementia Risk in the Elderly

Knowledge is the result of knowing and this occurs after someone has sensed an object. Sensing occurs through the human senses, namely, the senses of hearing, sight, smell, feeling and touch. Some human knowledge is obtained through the eyes and ears (Notoatmodjo, 2012). Knowledge is the result of knowing and this happens to a person after sensing a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, digestion, and taste and touch. Most human knowledge is acquired through the eyes and ears. This means that knowledge or cognitive is a very important domain factor for the formation of one's actions. The knowledge stage in the cognitive domain has 6 stages, namely: knowing, understanding, application, analysis, synthesis, and evaluation (Notoatmodjo, 2011). The frequency distribution of respondents based on education level shows that most families with a high level of knowledge are 60 respondents (56.1%). In families who have a low level of knowledge as many as 47 respondents (43.9%), The results of this study indicate that most of the respondents are in families with a high level of knowledge. This study is in line with research conducted by Harahap, (2018) regarding the relationship between the level of knowledge about dementia and primary prevention of dementia in the elderly at the Tegal Sari Health Center. %).

According to the researcher, the respondents in this study were mostly in families with a high level of knowledge, possibly because the knowledge possessed by the respondents was obtained apart from education and could also come from experience. The respondent's experience in caring for the elderly will affect the respondent's level of knowledge (Narayani & Kartinah, 2017). The number of respondents who have good knowledge is caused by the respondents working. This is understandable, because when they work they can exchange information with their co-workers or their relations. A merchant's family for example, he can get information and experience from buyers as well as from other merchants (Hasanah et al., 2013).

Good knowledge of family caregivers about the lives of their relatives before dementia can be

useful in providing daily care centered on the elderly at risk of dementia (UH Graneheim, A. Johansson, 2014). Elderly care requires a true understanding by the caring family and setting the right goals using modified methods as well as care and support accompanied by adequate support so that the elderly will be able to achieve quality of life. This is in line with the expectations of caregivers for quality elderly care (Prabasari et al., 2017).

B. Bivariate Analysis

1.   **Characteristics of Respondents Based on the Relationship between Education level and knowledge about the risk of dementia in the elderly.**

A person's knowledge as well as family knowledge will be influenced by the level of education, the higher the education, the more the family's knowledge about dementia care will increase in order to provide good care and in accordance with the needs and conditions of people with dementia, in order to reduce the burden on the family. adequate, family support is also very important to improve the quality of life of dementia patients, so families must have extensive education and knowledge about how to care for dementia patients (Oki et al., 2019).

The results of the analysis of the relationship between the level of education and the level of family knowledge about the risk of dementia in the elderly found that respondents with low levels of education had high knowledge of 53 respondents (67.1%). The respondents with higher education level have high knowledge as many as 23 respondents (82.1%). The results of the Chi Squere statistical test showed that the p value was 0.185 (p>0.05), it can be said that Ho failed to be rejected, which means that there is no relationship between education level and knowledge about the risk of dementia in the community in the work area of Padurenan Bekasi Village in 2022. OR (odd ratio) value of 2.257 (95% CI 0.770-6.612), it can be concluded that respondents with a low level of family education are 2,257 times less likely to have low knowledge than respondents with a high level of education.

This is in accordance with the research conducted by Khasanah & Ardiansyah, (2012) which obtained from the study that there was no relationship between education level and the incidence of dementia in the elderly at the Senja Cerah Paniki Elderly Support Center, Manado District. The results are the same as the research conducted by Khairani (2016) which shows that there is no significant relationship between education and family knowledge about the elderly with dementia.. The results of Setiawan et al.(2014) research also stated that there was no relationship between education level and the incidence of dementia in the elderly at the Senja Cerah Paniki Elderly Support Center, Mapanget District, Manado..

According to the researcher's assumption, by looking at the results of data processing, it shows that there is no relationship between education level and family knowledge about the risk of dementia in the elderly. This may illustrate that knowledge is not absolutely obtained from formal education, but can be obtained from non-formal education. Someone with a low level of education does not mean absolutely low knowledge and someone with a high level of education does not mean absolutely good knowledge (Arrasily & Dewi, 2016). Information obtained from both formal and non-formal education can have a short-term impact (Immediate Impact) resulting in a change or increase in knowledge. Advances in technology will provide various kinds of mass media that can affect public knowledge about new information. As a means of communication, various forms of mass media such as television, radio, newspapers, magazines and others, have a major influence on the formation of public opinion and trust (Notoatmodjo, 2011). Knowledge possessed by respondents apart from education can also come from experience. The respondent's experience in caring for the elderly will affect the respondent's level of knowledge about the risk of dementia (Narayani & Kartinah, 2017).

With low education and high knowledge, this is supported by the increasing number of people who open themselves to seek the widest possible information in an effort to fulfill the level of information in order to increase self-knowledge, one of which is participating in activities such as posbindu, visiting other sources of information by reading. (Yuda, 2022). Information obtained from various sources will affect a person's level of knowledge. Someone who gets a lot of information then he tends to have broad knowledge. The more people read, knowledge will be better than just hearing or seeing (Notoatmodjo, 2011). In addition to things that can affect information input from the community or even colleagues, so that it will have an impact on the knowledge they have This is because work makes the intensity of individual interactions with other individuals wider, so that individual exposure to information is also greater (Yeni, 2015).

2. **Description of Respondents Characteristics Based on the Relationship of Information Sources with Knowledge About Dementia Risk in the Elderly**

Efforts that can be made to increase knowledge are with sources of information that can be obtained from health education. Health education has several objectives, including the achievement of behavioral changes for individuals, families and communities in fostering and maintaining healthy behavior and a healthy environment as well as an active role in efforts to achieve optimal health status. In addition, it can form healthy behavior in individuals, families and mentally and socially so that it can reduce morbidity and mortality (Pakpahan et al., 2021).

The results of the analysis of the relationship between sources of information and the level of family knowledge about the risk of dementia in the elderly found that respondents who received information from conventional media had high knowledge of 44 respondents (74.6%). The respondents who received information from social media had high knowledge as many as 32 respondents (66.71%). The results of the Chi Squere statistical test showed a p value of 0.370 (p>0.05), it can be said that Ho failed to be rejected, which means that there is no relationship between sources of information and knowledge about the risk of dementia in the community in the work area of Padurenan Bekasi Village in 2022. The results of the OR (odd ratio) obtained a p value of 1.467 (95% CI 0.634-3.393), it can be concluded that respondents who get information sources from conventional media are 1.467 times more likely to have high knowledge than respondents who get information sources from social media.

According to the researcher's assumption, by looking at the results of data processing, it shows that the source of information has no relationship with the level of family knowledge about the risk of dementia in the elderly. concerned with through conversations, interviews, discussions, seminars, and others. The resource persons are of course people who are considered experts in their fields, such as religious leaders, teachers, and scientists (Ardhana & Kusuma, 2012). Information obtained from someone depends on several things, namely: accurate, meaning that the information must be free from misleading errors. Accurate also means it must clearly reflect the intent. Just in time means that the information coming to the recipient should not be hampered. Relevant, meaning that the information has benefits for the user (Mahdalena, 2014). In their research by Sembiring & EA (2019) that there are still most families do not seek information because they consider dementia as a normal condition due to the aging process and despite the worsening condition they do not seek health services.

Sources of information can be in the form of print media or electronic media, such as television, radio, computers, newspapers, books, and magazines. Someone who has easy access to information will get knowledge faster. Advances in technology can affect people's knowledge about new innovations that can have an impact so as to produce changes or increase knowledge

(Lukoschek et al., 2013). However, there are also those who read more and more respondents do not necessarily understand and can understand more clearly or have not yet reached the stage of understanding (Sidik, 2015).

Overcoming knowledge deficits is one of the keys to improving future care and health for people with Alzheimer's (Smith et al., 2014). Increased knowledge will happen to everyone based on the experience experienced. And newly acquired information can be a substitute for previously acquired knowledge or refinement of previous information (Noverina, 2011).

This study differs from research conducted in rural America by providing education to people at risk of Alzheimer's aged 50 years and over. Education is given once a week for 90 minutes per session. The results of this study stated that there was an increase in knowledge about Alzheimer's after being given education with p value = 0.03 which means there is a relationship between the source of information and the level of knowledge (Blocker, 2020). Same result as Subdari et al (2020) in the intervention group which showed that the booklet media with the question and answer lecture method increased family knowledge more than the question and answer lecture method with a p value of <0.001. So there is a significant effect of providing health information using booklet media and the question and answer lecture method compared to only the question and answer lecture.

According to the researcher, the difference in research results is likely to be influenced by education which is closely related to a person's perspective or knowledge in perceiving something, and age also has an effect, the more age, the level of maturity and strength of a person will be better in thinking and working, so that increasing age a person can effect on the increase in knowledge gained and easy to accept the material given to him (Kholid, 2014). In addition to education and age, the respondent's experience in caring for the elderly can affect the respondent's level of knowledge about the risk of dementia (Narayani P & Kartinah, 2009). So that families living with older family members with dementia will have a higher level of knowledge(HJ Park, 2011). Similarly, working experience in work relevant to dementia can be considered as a way to find relevant information and increase knowledge (Allen et al., 2020).

So it can be concluded that there are differences in the results of research on sources of information with family knowledge about the risk of dementia in the elderly, which can be influenced by several factors, namely education, age, experience and occupation. The type of information source obtained is more effective from direct information sources such as education and counseling using several media such as leaflets and booklets than information sources obtained from conventional media and social media. The public will feel interested in the news discussed by the media if the news is indeed important for them. Thus, the mass media are no longer fully in control of people's mindsets, but are intelligently able to sort and select information that is indeed good and deserves them (Allen et al., 2020). According to Fachry & Pertamasari (2011) the right media on target will facilitate the achievement of goals. The success of an activity using the media can be measured by assessing the level of effectiveness of the media used by the community.

Respondents who have been exposed to information about the risk of dementia in the elderly, either obtained from health services or information from print/electronic media/social media, have higher knowledge than those who have not received information (Kaid et al., 2021). Like what Alzheimer's Indonesia (ALZI) did, which made a social campaign with #Do not Understand With senile to build public awareness. Senile is no longer a common thing because it can be one of the signs or symptoms of dementia. #Don't Understand With Pikun is a grabber in the message

because the slogan can attract people's attention and is implemented into several programs. For example, using a strategy by making health education in the form of talk shows on the media, such as Kompas TV, Radio Kosmonita, She, and other(Immanuel, 2021).

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CONCLUSION

Based on the results of the research and discussion of the research entitled the relationship between education level and sources of information with family knowledge about the risk of dementia in the elderly in the Kelurahan Padurenan Bekasi, the following conclusions can be drawn:

1. he description of respondents based on age shows the majority of late adulthood (36-45 years) as many as 54 respondents (50.5%), the majority working as many as 54 respondents (50.5%), never caring for the elderly with dementia as many as 79 respondents (73, 8%), had low education as many as 79 respondents (73.8%). sources of conventional media information as many as 57 respondents (53.3%).

2. The description of respondents based on the level of knowledge shows that most of the respondents are in families with a high level of knowledge as many as 60 respondents (56.1%).

3. There is no relationship between education level and family knowledge about the risk of dementia in the elderly with p-value 0.131 > alpha (0.05). The odd ratio value was 2.257 (95% CI 0.770-6.612), which means that respondents with a low level of family education had a chance of 2,257 times having low knowledge compared to respondents with a higher education level.

4. There is no relationship between sources of information and family knowledge about the risk of dementia with p-value 0.370 > alpha (0.05). the odd ratio value was 1.467 (95% CI 0.634-3.393), ie respondents who received information from conventional media had 1.467 times the chance to have high knowledge compared to respondents who received information from social media.

IMPLICATION

Implication is a consequence or direct result of the findings of a scientific research. The results of this study are about the factors that influence family knowledge about the risk of dementia in the elderly in the willayah of Padurenan Village, Bekasi. Based on the results of the study, it is known that the source of information variable has a significant influence on the level of family knowledge about the risk of dementia in the elderly. While the education level variable does not have a significant effect on the level of family knowledge about the risk of dementia in the elderly. A research that has been conducted in the Kelurahan Padurenan Bekasi, the conclusions drawn certainly have implications in the fields of government institutions, health service institutions and educational institutions. In this regard, the implications are as follows:

1. Government Institutions
   It can open the eyes of the Bekasi City government that dementia cases are urgent cases. The needs of the elderly for health services needed by caregivers are those related to finance, the needs of the elderly for health services are free of charge, so special services for the elderly and health education are needed. and adequate sources of information. Thus, it is hoped that the Bekasi City government can make policies regarding the handling of elderly dementia.

2. Health care institutions
   Special services are needed for the elderly and their families for health education needs. Where the health services needed by the elderly and their families are affordable health services and regular home visits as well as efforts to increase family independence with health education and the provision of wider information.

3. Educational Institutions
   It is hoped that with the results of this research, educational institutions can make further planning programs for this research.

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